

**Provider Inspection Summary**  
For the period 08/01/2003 to 07/31/2006  
Residential Care Apartment Complex  
CERTIFIED

**Facility Information**

**Facility Name:** MEADOWMERE NORTHSORE (0010342)  
**Address:** 10803 N PORT WASHINGTON RD, MEQUON, WI 53092  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/28/2000  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096854      **End Date:** 04/06/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007291    Served 05/06/2006

Deficiencies Cited  
89.23(3)(c)

Subject Area  
SERVICES

Compliance  
Verified

Corrected

**Survey ID:** 0096056      **End Date:** 12/13/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093942      **End Date:** 01/06/2005      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091861      **End Date:** 01/05/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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Residential Care Apartment Complex  
CERTIFIED

Enforcement History
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<b>Date: 05/04/2006</b>	<b>SOD #10007291</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---89.23(3)(c)

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**Provider Inspection Summary**

For the period 08/01/2003 to 07/31/2006  
Residential Care Apartment Complex  
CERTIFIED

**Complaint History**

**Date Complaint Received: 04/05/2006**

**Date Investigation Completed: 04/06/2006**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
05/04/06

**Date Complaint Received: 05/03/2005**

**Date Investigation Completed: 12/13/2005**

Subject Area(s)  
ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
-migrated data -

SOD #  
  
NOT RECORDED

**Date Complaint Received: 07/26/2004**

**Date Investigation Completed: 01/10/2005**

Subject Area(s)  
MEDICATIONS  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/07/2004**

**Date Investigation Completed: 01/06/2005**

Subject Area(s)  
ADMISSION, TRANSFER & DISCHARGE

Result  
NOT SUBSTANTIATED

SOD #

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